



DEPARTMENT OF INSURANCE
STATE OF ARIZONA
Financial Affairs Division - Compliance Section
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7269
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MANAGEMENT DISCUSSION AND ANALYSIS REPORT TRANSMITTAL FORM DUE APRIL 1

All insurers are required to file a Management Discussion and Analysis Report prepared in accordance with the current NAIC Annual Statement Instructions with this Department and with the NAIC. **Each company MUST complete and ATTACH this Transmittal Form to the cover of the Report filed with this Department** for identification and recording purposes.

IMPORTANT – ENTER THE CALENDAR YEAR OF THE ATTACHED REPORT: _____

COMPLETE PART A OR PART B, AS APPLICABLE TO THE ATTACHED REPORT.

PART A - FOR CONSOLIDATED REPORTS ONLY:

Provide the name, domicile and NAIC number of the insurance company on whose behalf the attached consolidated Report is being filed. **Each company authorized in Arizona must separately file a copy of the consolidated Report with a completed transmittal Form E-MDA** to receive credit for the filing, because a copy of the consolidated report must be retained in each Annual Statement filed with this Department.

NAIC #	COMPLETE COMPANY NAME	DOMICILE
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Have the conditions for filing consolidated Management Discussion and Analysis Reports prescribed in the NAIC Annual Statement Instructions been met and have all domiciliary insurance commissioners granted approval to file consolidated audited financial statements?

Answer YES or NO _____

If NO, explain: _____

PART B - FOR A SINGLE COMPANY REPORT ONLY:

Provide the name, domicile and NAIC number of the insurance company whose individual Management Discussion and Analysis Report is attached.

NAIC #	COMPLETE COMPANY NAME	DOMICILE
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PROVIDE THE COMPLETE NAME, TITLE, (COLLECT OR TOLL FREE) TELEPHONE NUMBER AND E-MAIL ADDRESS OF THE PERSON TO BE CONTACTED FOR QUESTIONS CONCERNING THIS REPORT:

Type or print Name and Title	Phone, toll free if available
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E-MAIL ADDRESS (if available) _____